Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004199	A. BUILDING _____ B. WING _____	06/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	1104 EAST GRACE STREET RENSSELAER, IN 47978

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: June 1, 2, and 3, 2011 Facility number: 004199 Provider number: 004199 AIM number: N/A Survey team: Sheila Sizemore, RN, TC (June 2 and 3, 2011) Kelly Sizemore, RN Census bed type: Residential: 15 Total: 15 Census payor type: Other: 16 Total: 16 Sample: 7 Supplemental sample: 1 Jasper County Hospital-Alternacare Unit was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed 6/6/11 Cathy Emswiller RN	R 000		